

10/583134

AP20 Rec'd PCT/PTO 16 JUN 2006

Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: METHOD FOR DETERMINING A THREE-DIMENSIONAL STRUCTURE FROM A TWO-DIMENSIONAL IMAGE, IN PARTICULAR A BONE STRUCTURE  
Attorney Docket Number:: 0540-1060  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 5  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: Yes  
Petition Type:: PETITION TO REVIVE  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: LAURENT  
Middle Name::  
Family Name:: POTHUAUD  
Name Suffix::  
City of Residence:: LEGE CAP FERRET  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 3 BIS ALLEE DU GRAND HOUSTEAU  
Address::  
City of Mailing Address:: LEGE CAP FERRET  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-33950

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: PASCAL

Middle Name::

Family Name:: CARCELLER

Name Suffix::

City of Residence:: BORDEAUX

State or Province of Residence::

Country of Residence::

FRANCE

Street of Mailing Address:: APARTMENT B13

Address:: 5 ROND POINT DU FUKUOKA

City of Mailing Address:: BORDEAUX

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-33000

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/003768	12/17/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0116069	12/17/02	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::